Health Care Reform Coordinating Council
Proposed Recommendations

Public Hearings

November 22,2010

Purpose of Meeting

- As State policymakers, we are considering how to implement current federal law in the best interest of Maryland
- We are seeking input on draft recommendations to implement federal health care reform.
  - Brief overview of Maryland's Health Care Reform Council and draft recommendations
  - Public comment on draft recommendations

Overview of Affordable Care Act

- Affordable Care Act (ACA) became federal law in March, 2010
- ACA will hold insurance companies more accountable, lower health care costs, guarantee more health care choices, create new responsibilities for individuals and employers, and enhance quality of health care
- Changes begin this year, and will continue into 2014

Major Health Reform Provisions

- Medicaid expansion
- Creation of state “exchanges”—new marketplace for individuals and small employers to buy insurance
- Subsidies for purchasing coverage through the exchange
- Insurance market reforms, so that people who have not been able to get or keep insurance can get affordable coverage

Major Health Reform Provisions

- Requirement for all individuals to get coverage or pay a penalty
- Requirement for employers to offer coverage or pay a fine
- Protection for Medicare
- Investment in public health, disease prevention, reducing racial/ethnic health disparities, and primary care workforce

Overview of Health Care Reform Coordinating Council

- Many decisions about health reform implementation are left to states
- Governor O'Malley created the Health Care Reform Coordinating Council (HCRCC) to make recommendations
- HCRCC members are leaders from Maryland's executive budget, health, and human services agencies, the Governor's office, the General Assembly, and the Attorney General

HCRCC Process

- Meetings May through December 2010
- Established six workgroups to gather public input on a broad range of implementation issues
- Workgroups identified issues that require immediate attention to help form recommendations
- Recommendations identify critical issues and sequence critical decision making
- Recommendations just the beginning of reform implementation

HCRCC Implementation Goals

1. Improve the health of all Marylanders, focusing on health equity
2. Embrace consumer centric approach to coverage and care
3. Use new tools to improve quality, contain cost
4. Promote affordable coverage
5. Prepare and expand the health workforce
6. Lead the nation in tapping the full potential of reform to improve health

Recommendation Topics

- Exchange and Insurance Markets
- Entry into Coverage
- Education and Outreach
- Public Health, Safety Net and Special Populations
- Workforce
- Delivery System
- Health Disparities
- Employer Sponsored Insurance
- Leadership and Oversight for Health Care Reform

Exchange and Insurance Market Recommendation

1. **Establish basic structure and governance of Health Insurance Exchange**:
   - Create an **independent public entity** that will constitute Maryland's Health Insurance Exchange
   - New Exchange will be able to move forward with implementation to meet the ACA's requirement that exchanges be operational by January 1, 2014
   - Initial steps should include the creation of a Board, governing principles for procurement, personnel, and transparency, and an appropriate mix of authority to begin some implementation activities immediately and to develop future recommendations for others

Entry Into Coverage Recommendation

2. **Continue development of State's plan for seamless entry into coverage, maximizing federal funding**
   - **Assess options based on technical feasibility by 2014 implementation and consistency with the goals**:
     a. Income based eligibility determination policy and process should be dramatically simplified relative to the current policy and process for Medicaid and MCHP;
     b. Eligibility determinations should be integrated and seamless (across both health and public assistance programs);
     c. Eligibility policy and process should reflect the culture of insurance (where all individuals have insurance coverage as required by the federal mandate) envisioned by ACA and called for in the Interim Report of the HRCCC;
     d. There should be a "No Wrong Door" approach to applying for coverage (across both health and public assistance programs).
     e. Eligibility and enrollment into health plans should be part of a continuous process rather than distinct systems.

Education and Outreach Recommendation

3. **Develop centralized outreach and education strategy**
   - Central role should be a part of on-going oversight and leadership for health reform
   - Funding for comprehensive communications plan will support efforts
   - Primary role of centralized strategy is to formalize public/private coalition and support with development of template materials

Public Health, Safety Net and Special Populations Recommendations

4. **Develop State and Local Strategic Plans to achieve improved health outcomes**
   - State Health Improvement Plan (SHIP)– Identify health priorities, set goals for health status, access, provider capacity, consumer concerns and health equity, monitor performance
   - Local Implementation Plans – Local Health Departments to lead local collaboration to achieve SHIP goals and identify systemic issues that should be addressed in SHIP
   - These plans should address opportunities to improve coordination of care for the remaining uninsured

Public Health, Safety Net and Special Populations Recommendations

5. **Encourage active participation of Safety Net providers in health reform and new insurance options**
   - Provide technical assistance to Safety Net Providers to prepare for reform changes
   - Streamline contracting for Local Health Departments

Public Health, Safety Net and Special Populations Recommendations

6. **Improve coordination of behavioral health and somatic services**
   - DHMH should study different strategies to achieve integration of mental health, substance abuse and somatic services, including statewide administrative structure and policy, financing that encourages coordination of care and delivery system changes to improve coordination
7. **Incorporate strategies to address potential barriers to care for special populations**

Workforce Recommendations

8. **Institute comprehensive health workforce planning**
   - Improve data and assess need
   - Better coordinate workforce efforts throughout the State
   - Use GWIB Health Care Workforce Development Planning Grant as a resource
9. **Support education and training**
   - Maryland Loan Assistance Repayment Program: Renew effort to secure federal approval for funding
   - Facilitate clinical training in the community
   - Promote non-traditional paths to workforce

Workforce Recommendations

10. **Explore licensure and administrative Improvements**:
    - Permit reciprocity for health occupations licensed in other states with certain safeguards
    - Incentivize volunteerism
    - Promote cultural competency training
    - Streamline Credentialing

Workforce Recommendations

11. Explore improvements to liability policy

- Medical Tort Litigation – Consider demonstration program to evaluate alternatives to current medical tort litigation when federal guidance becomes available
- Facilitate Medical Malpractice Coverage for Volunteers – Encourage hospitals and health systems to provide coverage for volunteer providers in community settings

Delivery System Recommendations

12. **Achieve cost savings and quality improvements through payment reform and innovations in health care delivery models**
    - Promote evidence-based practice by disseminating findings from comparative effectiveness research
    - Develop multiple payment reform demonstrations throughout the health system
    - Encourage MHCC's pilot of Patient Centered Medical Home.
    - Encourage coordination in approaches between MHCC's pilot and other PCMH models (e.g. CareFirst's) to create easier participation by providers in all models. Coordination between models would help facilitate participation by small practices, and align care coordination strategies.

Delivery System Recommendations

13. **Promote improved access to primary care** - Work towards critical investment in Maryland's network of primary care providers by promoting deployment of some savings achieved through delivery system reform to increase Medicaid's primary care provider reimbursement rates

Health Disparities Recommendations

14. **Achieve reduction and elimination of health disparities through exploration of financial, performance-based incentives and incorporation of other strategies:**
    a. State Health Improvement Plan and Local Implementation Plans – Significant component of plans identify disparities, implement strategies to address and monitor performance
    b. Comprehensive workforce planning – This will include engaging a diverse workforce and strengthening the safety net
    c. Promoting cultural competency training for health occupations
    d. Safety Net Technical Assistance – This will help safety net providers leverage opportunities of health reform to improve access and care for disparate populations that they serve

Health Disparities Recommendations (continued)

e. Education and outreach efforts that ensure cultural sensitivity and engage community based organizations.

f. Improved data collection and analysis - Data issues are foundational to understanding needs, targeting efforts and evaluating success

g. Explore financial performance-based incentives for providers and payers to drive change in those measures

Employer Sponsored Insurance Recommendation

15. Preserve strong base of employer sponsored insurance

- Bending cost curve needs to be a fundamental part of implementation
- Simplifying employer enrollment important

Leadership and Oversight of Health Reform Implementation Recommendation

16. Ensure continued leadership and oversight of health care reform implementation

- Continue Health Care Reform Coordinating Council through 2014 to monitor and coordinate progress on recommendations and other implementation activities
- Consider additional members to the Council such as the new leadership from the Health Exchange and GWIB

Public Comments

- In addition to oral comments provided at the meeting, written comments will be accepted through December 2, 2010.

- Written comments may be sent to info@hilltop.umbc.edu. Please include Health Reform Comments in the subject line.